

Foster Family Home - Corrective Action Report

Provider ID: 1-513384

Home Name: Mary Ann Cacpal, CNA

Review ID: 1-513384-6

1927 Kuapapa Place

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 1/22/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 1/22/2019. Corrective Action Report issued during home visit with all items due to CTA by 2/05/2019.


6.(d)(1) - see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

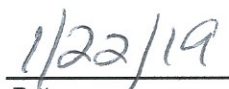
8.(a)(2) - APS/CAN lapsed for CG#1, CG#2, HHM#1, and HHM#2: CG#1, CG#2 and HHM#1 were all due on/before 4/10/2017, CG#1 done on 7/18/2017, CG#2 & HHM#1 both done on 12/05/2017. HHM#2 due on/before 3/24/2017, done on 12/17/2018.



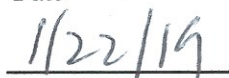
Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Mary Ann F. Caopu
CCFFH Address: 1427 Kuapapa Pl. Hilo HI 96721

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(2)	Lapse cannot be corrected per caregiver #1, 2, household member #1, 2	7/18/17 12/15/17 12/11/18	Home will use monthly calendar w/ all the requirements due 30 days in advance & posted on refrigerator to prevent them from expiring.

Primary Caregiver's Signature: Mary Ann F. Caopu

Print Name: Mary Ann F. Caopu

Date of Signature: 11/29/19